

Project Read
STUDENT REGISTRATION FORM

Date: _____

First Name: _____ Family (Last) Name: _____

Address: _____ Pleasanton, CA 945_____

Home Phone: _____ Cell Phone: _____

Email: _____

Please check all the days of week that you are available for lessons:

M____ T____ W____ Th____ F____ Sat____

Please check all the times you are available for lessons:

Mornings____ Afternoons____ Evenings____

Would you like to meet with a tutor when your children are in school?_____

Are you enrolled in other English classes? _____

Education – What is the highest grade you completed? _____

Have you been tutored here before? _____

Ages of children at home: _____

Ethnicity: Asian____ Black____ Latino____
Native American____ Pacific Islander____ White ____

Where were you born? _____ Age: ____ Male: ____ Female: ____

What skill or goal would you like to work on? _____

Assigned to tutor: _____ Date: _____

Basic: ____ ESL: ____